

# APPLICATION FORM

Application No.:

Application Date:

CLSS  LAP  HL

Loan Parameters	Existing Customer: <input type="checkbox"/> If yes, Loan No. _____ Loan Amount: <input type="text"/> Lacs Tenure: <input type="text"/> Months BT: <input checked="" type="checkbox"/> FI Name _____	Loan Parameters
	*LAP/ HL <input type="checkbox"/> LAP Residential <input type="checkbox"/> LAP Commercial <input type="checkbox"/> LAP Industrial	

## Applicant's Details (In Block Letter)

Individual  Non Individual \* Relationship with Co- Applicant \_\_\_\_\_

Current Address & Family	*Name: <input type="text"/>	Affix a latest coloured photograph  Cross signed
	*Father's/ Spouse Name: <input type="text"/>	
	*Mother's Maiden Name: <input type="text"/>	
	*Line 1: <input type="text"/>	
	*Line 2: <input type="text"/>	
	*Landmark: _____ City: <input type="text"/>	
	*Dist: <input type="text"/> State: <input type="text"/>	
	*Pin Code: <input type="text"/> *E-mail ID: _____	
*Mobile No.: <input type="text"/> Phone No. <input type="text"/>		
*Present Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Family Owned <input type="checkbox"/> Rented <input type="checkbox"/> Others _____		
*Present Residence Size: <input type="checkbox"/> 2 + BHK <input type="checkbox"/> 3 + BHK <input type="checkbox"/> 1 BHK <input type="checkbox"/> 1 BHK Studio	* Residing Since <input type="text"/> Years	

Permanent Address	*Line 1: <input type="text"/>	Permanent Address
	*Line 2: <input type="text"/>	
	*Landmark: _____ City: <input type="text"/>	
	*Dist: <input type="text"/> State: <input type="text"/> Pin Code: <input type="text"/>	

Demographic Details	*Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female *Mother Tongue: <input type="text"/>	Demographic Details
	*Category: <input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/> Others _____	
	*Religion: <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Jain <input type="checkbox"/> Buddh <input type="checkbox"/> Christian <input type="checkbox"/> Others _____	
	*Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others _____ Date of Marriage: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	*Family Structure: <input type="checkbox"/> Nuclear <input type="checkbox"/> Joint with Parents <input type="checkbox"/> Joint with Relatives <input type="checkbox"/> Others _____	
	*Mailing Address: <input type="checkbox"/> Residence <input type="checkbox"/> Office / Work <input type="checkbox"/> Permanent	
	*Qualification: <input type="checkbox"/> Post Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> HSC <input type="checkbox"/> SSC <input type="checkbox"/> Vocation <input type="checkbox"/> Others _____	
	*Aadhaar Card No.: <input type="text"/> Voter ID: <input type="text"/> PAN No: <input type="text"/>	
	Passport No.: _____ Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Driving License No.: _____ Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	House Hold Appliance: <input type="checkbox"/> AC <input type="checkbox"/> Washing Machine <input type="checkbox"/> TV <input type="checkbox"/> Computer <input type="checkbox"/> Fridge <input type="checkbox"/> Sofa Set	
*Pre Owned Asset (New): <input type="checkbox"/> Real Estate <input type="checkbox"/> 4W <input type="checkbox"/> 2W <input type="checkbox"/> Others _____ Pre Owned Assets (Old): <input type="checkbox"/> 4W <input type="checkbox"/> 2W		

Occupation Details	*Occupation Category: <input type="checkbox"/> Salaried <input type="checkbox"/> Salaried (Cash) <input type="checkbox"/> Self Employed <input type="checkbox"/> Self Employed Professional	Occupation Details
	*Employer/ Business Name: <input type="text"/>	
	*Address: <input type="text"/>	
	*Landmark: _____ City: <input type="text"/>	
	*Dist: <input type="text"/> State: <input type="text"/> Pin Code: <input type="text"/>	
	*Official Mobile No.: <input type="text"/> *Official E-mail ID: _____	
* Distance - Current Residence and Work Place: <input type="text"/> Km	* Distance - Proposed Residence and Work Place: <input type="text"/> Km	

Salaried	*Employer: <input type="checkbox"/> Govt. <input type="checkbox"/> PSU <input type="checkbox"/> MNC <input type="checkbox"/> Public Ltd <input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> Others _____	Salaried
	*Designation: _____ Dept. _____ Employee Code : _____ *Date of Joining: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Work Exp.: _____ Yrs	

SENP / SEP	*If Professional: <input type="checkbox"/> CA <input type="checkbox"/> ICWA/ CS <input type="checkbox"/> Engineer <input type="checkbox"/> Doctor (MBBS) <input type="checkbox"/> Vocational <input type="checkbox"/> Others _____	SENP / SEP
	*If Business: <input type="checkbox"/> Trader <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service Provider	
	*Business Profile: _____ Date of Incorporation: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	*Legal Status: <input type="checkbox"/> Individual <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Pvt Ltd <input type="checkbox"/> Others _____	
	*Work place: <input type="checkbox"/> Owned <input type="checkbox"/> Family Owned <input type="checkbox"/> Rented > 3 Yrs <input type="checkbox"/> Rented < 3 Yrs *Work Place Size : _____ Sq Ft.	
*Current workplace Stability: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> * Total Experience: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> * No of Employees: <input type="text"/>		
Business Ids : GST No: _____ TAN No: _____ Gumasta/ Shop & Establishment No: _____		

	Monthly (₹)	Annual (₹)
Sales/ Turnover		
Gross Income:		
Other Income:		
Average Expenses:		

Immovable: \_\_\_\_\_ Bank Salary/ Turnover    %  
 Securities: \_\_\_\_\_  
 Others: \_\_\_\_\_  
 Bank Balance: \_\_\_\_\_  
 Total: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_  
 Account No. \_\_\_\_\_  
 Branch: \_\_\_\_\_  Current  
 If Overdraft, Limit: \_\_\_\_\_ A/C Type:  Saving  
 No. of years: \_\_\_\_\_  OD/ CC

Rental (Resi.)  Rental (Comm.)  Alt. Business  
 Investment  Family Income  Other Sources

**Co-Applicant's Details (In Block Letter)**

*Name:	<input type="text"/>	Affix a latest coloured photograph  Cross signed
*Father's/ Spouse Name:	<input type="text"/>	
*Mother's Maiden Name:	<input type="text"/>	
*Line 1:	<input type="text"/>	
*Line 2:	<input type="text"/>	
*Landmark:	<input type="text"/> City: <input type="text"/>	
*Dist:	<input type="text"/> State: <input type="text"/>	
*Pin Code:	<input type="text"/> *E-mail ID: <input type="text"/>	
*Mobile No.:	<input type="text"/> Phone No. <input type="text"/>	
*Present Residence:	<input type="checkbox"/> Owned <input type="checkbox"/> Family Owned <input type="checkbox"/> Rented <input type="checkbox"/> Others _____	
*Present Residence Size:	<input type="checkbox"/> 2 + BHK <input type="checkbox"/> 3 + BHK <input type="checkbox"/> 1 BHK <input type="checkbox"/> 1 BHK Studio	
		* Residing Since: <input type="text"/> <input type="text"/> Years

*Line 1:	<input type="text"/>
*Line 2:	<input type="text"/>
*Landmark:	<input type="text"/> City: <input type="text"/>
*Dist:	<input type="text"/> State: <input type="text"/> Pin Code: <input type="text"/>

*Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	*Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	*Mother Tongue:	<input type="text"/>
*Category:	<input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/> Others _____				
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*Aadhaar Card No.:	<input type="text"/>	Voter ID:	<input type="text"/>	PAN No.:	<input type="text"/>
Passport No.:	<input type="text"/>	Expiry Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Driving License No.:	<input type="text"/>
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House Hold Appliance:	<input type="checkbox"/> AC <input type="checkbox"/> Washing Machine <input type="checkbox"/> TV <input type="checkbox"/> Computer <input type="checkbox"/> Fridge <input type="checkbox"/> Sofa Set				
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*Employer/ Business Name:	<input type="text"/>
*Address:	<input type="text"/>
*Landmark:	<input type="text"/> City: <input type="text"/>
*Dist:	<input type="text"/> State: <input type="text"/> Pin Code: <input type="text"/>
*Mobile No.:	<input type="text"/> Phone No. <input type="text"/> *E-mail ID: <input type="text"/>
* Distance - Current Residence and Work Place:	<input type="text"/> Km
* Distance - Proposed Residence and Work Place:	<input type="text"/> Km

*Employer:	<input type="checkbox"/> Govt. <input type="checkbox"/> PSU <input type="checkbox"/> MNC <input type="checkbox"/> Public Ltd <input type="checkbox"/> Pvt. Ltd <input type="checkbox"/> Others _____
*Designation:	_____ Dept. _____ Employee Code : _____ *Date of Joining: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Work Exp.: _____ Yrs

*If Professional:	<input type="checkbox"/> CA <input type="checkbox"/> ICWA/ CS <input type="checkbox"/> Engineer <input type="checkbox"/> Doctor (MBBS) <input type="checkbox"/> Vocational <input type="checkbox"/> Others
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*Business Profile:	_____ Date of Incorporation: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Gross Income:		
Other Income:		
Average Expenses:		

Immovable: \_\_\_\_\_ Bank Salary/ Turnover    %  
 Securities: \_\_\_\_\_  
 Others: \_\_\_\_\_  
 Bank Balance: \_\_\_\_\_  
 Total: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_  
 Account No. \_\_\_\_\_  
 Branch: \_\_\_\_\_  Current  
 If Overdraft, Limit: \_\_\_\_\_ A/C Type:  Saving  
 No. of years: \_\_\_\_\_  OD/ CC

Rental (Resi.)     Rental (Comm.)     Alt. Business  
 Investment     Family Income     Other Sources

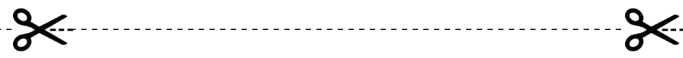
	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Name				
Relationship				
Age				
Income				
Occupation				
Marital status				
Phone No.				
Aadhar Card				

S.No	Loan Type	Applicant/Co-Applicant	Bank Name	Loan Amount	EMI Amount	Balance O/S	Tenor Paid	Balance Tenor
1.	HL/ LAP							
2.	AL/ CV/ CL							
3.	PL/ BL/ SME							
4.	OD/ CC							
5.								
6.								
7.								

Property selected:  Yes  No    Ownership:  Sole  Joint    Is Owner Female     Age of Property:   Years  
 Property Address:   
 Landmark: \_\_\_\_\_ City:   
 Dist:  State:  Pin Code:   
 Project Name: \_\_\_\_\_ Developer Name: \_\_\_\_\_

Property Owner	*End Use	Plans/ Permission Status	Nature of Home Improvement/ Extension
1. _____	<input type="checkbox"/> Self Use	<input type="checkbox"/> Approved	<input type="checkbox"/> Addl. Storage/ Utility <input type="checkbox"/> Addl. Floor
2. _____	<input type="checkbox"/> Part Rent	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Addl. 1 Room <input type="checkbox"/> Structure Change
3. _____	<input type="checkbox"/> Rent	<input type="checkbox"/> Plans Drawn	<input type="checkbox"/> Maintenance <input type="checkbox"/> Furniture/ Woodwork
4. _____	<input type="checkbox"/> Investment	<input type="checkbox"/> In Process	Expected Cost: <input type="text"/> <input type="text"/> Lacs
5. _____			Extension Area % to Original Area _____

Land Area: \_\_\_\_\_ Sq Mtr./ Sq Yard    Build Up Area: \_\_\_\_\_ Sq.Ft.    Completion Stage:  Ready  Underconstruction  
 Occupancy:  Self Occupied  Vacant  Rented    Property Value: ₹   
 \* Estimated Construction Cost:  \* Construction start date:   -   -



**For quick approval and disbursement, please make sure to submit the below docs:**

<p><b>ID Proof :</b> Adhaar Card, Passport , VoterID, PAN Card , Driving License, Job Card by NREGA, ID Card issued by Govt Department</p> <p><b>Resi Address Proof :</b> Adhaar Card, Passport, VoterID, PAN Card, Driving License, Latest Utility Bill, Latest Bank Statement, Latest Property/ Municipal Tax receipt</p> <p><b>Income Proof:</b> Salaried (Latest Form 16/ ITRs, Salary Slips, ect.); Self Employed (2 years ITRs, Balance Sheet and P&amp;L accounts, Bills / GST returns etc.)</p>	<p><b>Bank Statement:</b> Latest 6 months Bank Statement</p> <p><b>Asset Documents:</b> Photocopy of the original sales Deed / Title document, Allotment/ Possession Letter, Other Documents related to Collateral etc.</p> <p><b>Photograph:</b> Passport size Photographs for all Applicants and Co-Applicants</p> <p><b>Initial Login Fees and Verification Charges Cheque</b></p>
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